

Registration District No.

791

Primary Registration District No.

Registrar's No.

5615

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Park Lane Memorial Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Unknown  
In this community Life 0 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Edward De Kock Sr.

8. (b) If veteran, name war. --- 8. (c) Social Security No. 497-10-2112

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dollie 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 19, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 10 17 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Hyde Park Brewery

11. Industry or business \_\_\_\_\_

12. Name John De Kock

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Neltzert

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dollie De Kock

(b) Address 4708 Michigan Ave.

17. (a) Burial (b) Date thereof 7/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director W. H. K. K. K.

(b) Address 3634 Gravois Ave.

19. (a) JUL 8 1941 (b) W. H. K. K. K.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4708 Michigan Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1941 hour 3 minute 45 p.m.

21. I hereby certify that I attended the deceased from July 4, 1941, to July 5, 1941,  
that I last saw him alive on July 4, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute Dilatation of Heart  
Due to no definite heart disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature W. H. K. K. K. (M. D. or other) 0

Address 4930 Lindell Date signed 7/7/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Robert C. Wheeler*

Licensed Embalmer No. *2178*

P. O. Address. *St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**